


PATIENT

Mojo Comella

SPECIES

Canine

BREED

Chihuahua X

SEX

Intact Male

AGE

11 Years 9 Months

WEIGHT

5.6 Pounds

PRESENTING CLINICAL SIGNS

Follow up to previous scan 2/21/22. Currently on Pimobendan 0.63 mg BID, Furosemide 6.25 mg BID. Has been eating well, but less interactive with family members
 Abnormal PE/Chem/CBC/UA Results: grade v/vi murmur, regular rhythm. Renal parameters WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.8	2.0	45	90	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT					3.2	2.23	

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

36279

DATE

3/17/22

Cardiac Presentation

The cardiac presentation presented persistent volume overload in the left heart with mitral and tricuspid insufficiency and mitral valve prolapse. Hepatic veins were slightly dilated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some improvement has occurred on the current protocol. However, recommend adding ACE inhibitor 0.5 mg/kg SID and Spironolactone at 1-2 mg/kg BID. Blood pressure measurements warranted The mitral valve apparatus is highly precarious in this patient. Prognosis is guarded Recheck echo in 1-3 months depending upon clinical status.

The heart has some volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.



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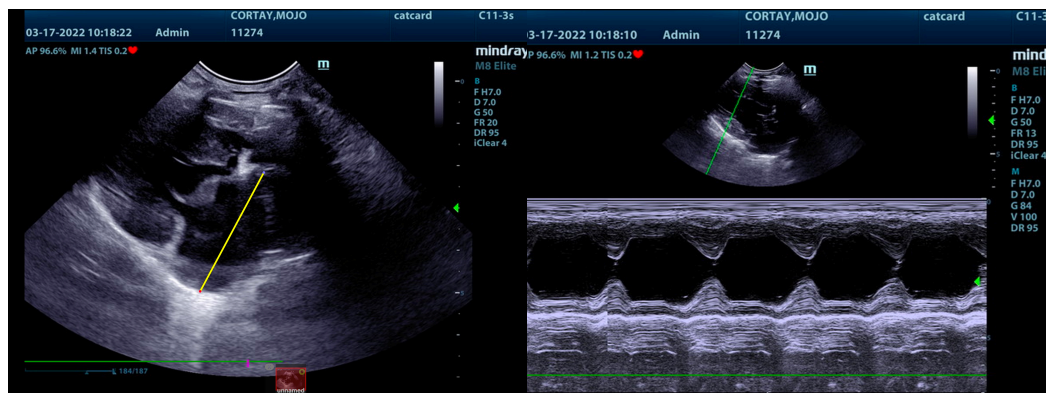
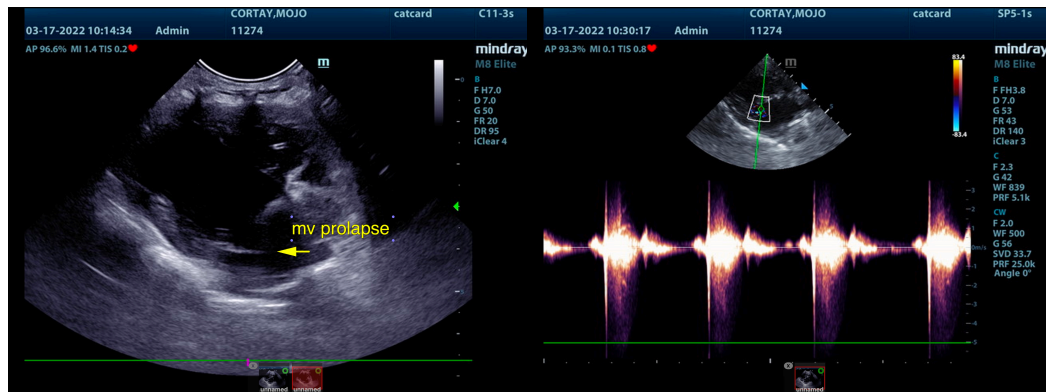
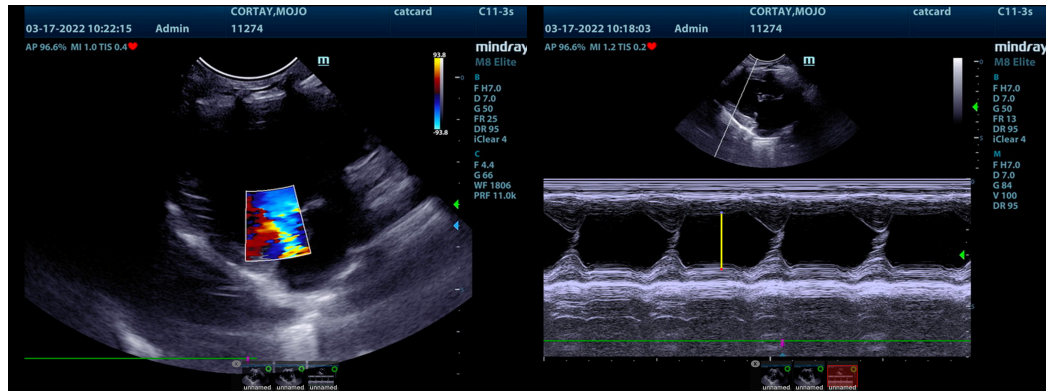
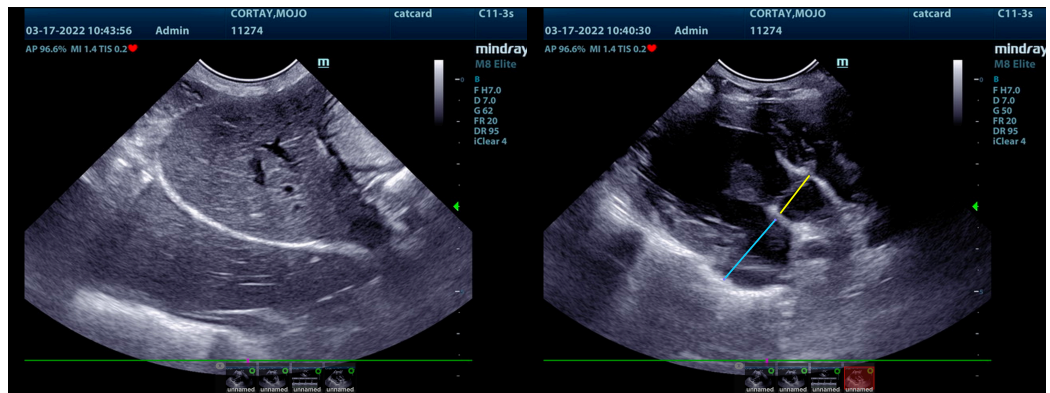
Dr. Sarah Green

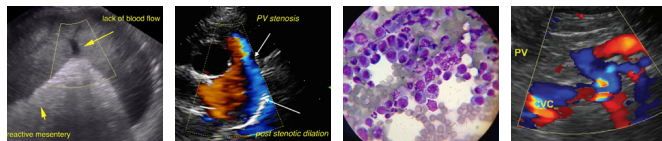
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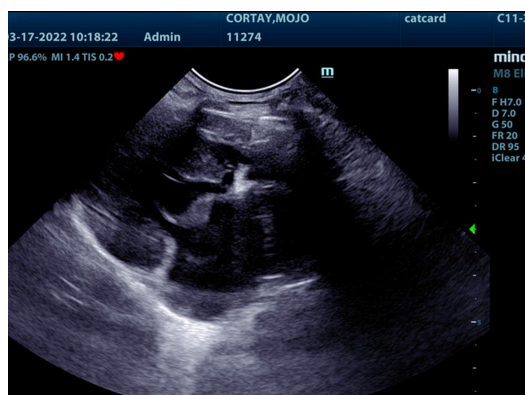
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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